November 9, 2008

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900 Centerton Road
Mount Laurel, NJ 08054-1630

RE: GEOFFREY CROWTHER
DOB:
ACCT # 199336

Dear Mr. Joyce:

I am writing in regards to my patient and your client, Geoffrey Crowther, and your letter sent to me on October 16, 2008 requesting a narrative report, which follows.

Mr. Crowther was initially evaluated by me in this office on January 27, 2006. He had been followed by the Hand Service previously for a degenerative joint condition in his left thumb, and was referred for a question of left cervical radicular pain. His employment history was notable for work over the course of 31 years time from 1975 to 2006 as a track laborer for a railroad injury. He worked doing heavy duty manual labor, welding, repairing railroad tracks, and was exposed thereby to a significant amount of repetitive strenuous motion, vibration, awkward postures, heavy lifting and loading of his axial spine.

He complained in the office of neck pain radiating down the left arm as far distally as his wrist, and his physical examination was notable for decreased range of motion of the neck with pain with full extension and lateral bend. His shoulder exam was benign with no impingement nor any instability. He had some decreased sensation noted to light touch consistent with a C6 radiculitis. Imaging was obtained and was notable for C5-6 and C6-7 level disc narrowing with foraminal encroachment.

An MRI scan was ordered and the patient was followed up on March 1, 2006. The MRI was notable for a C5 to C7 neuroforaminal

stenosis and herniated discs at both the C5-6 and C6-7 level with left-sided nerve root impingement. The patient at that point had a full course of conservative care including steroids, both oral and injected, which gave him only short-term relief. As such, I offered him an anterior discectomy and fusion operation. He had work related financial constraints and deferred at that time.

The patient was re-evaluated on November 1, 2006. He reported over the course of the previous 6 months time between visits, his pain had, if anything, worsened. He developed a heaviness in his left arm and an increase in his numbness pattern. I once again offered him an anterior discectomy and fusion operation, which he, at this point, agreed to proceed with.

He underwent said operation in January of 2007. His postoperative course was uneventful. He actually healed steadily over the ensuing 6 months time. He eventually was diagnosed as well with an arthritic condition of his knees and underwent a total knee arthroplasty for that condition.

It is my opinion, based on a reasonable degree of medical certainty, that Mr. Geoffrey Crowther sustained cumulative micro-trauma to his neck as a result of his strenuous labor on the railroad over the course of 30 years time from 1975 through 2006. The lifting, stooping, bending, awkward postures and vibration all contributed to the progression of this degenerative disc condition and resultant herniations at the C5-6 and C6-7 levels, confirmed on the MRI scan of 2/08/06. They, therefore, contributed to, as well, the cervical surgery, which Mr. Crowther underwent on January 17, 2007.

In my opinion, Mr. Crowther remains permanently impaired as a result of his injuries and the subsequent surgery. Based on the AMA guidelines to permanent impairment, he has an 18% whole body impairment rating.

Signed and sworn to under the pains and penalties of perjury, this ____ day of November 2008.

Sincerely yours,

R. Scott Cowan, M.D.

RSC/hh